



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: 0009

1b. Legal Defense Fund Name:

Richard Sollars Legal Defense Fund

1c. Legal Defense Fund Address:

Clark Hill PLC/Sara Hernly
212 East Cesar E Chavez Avenue
Lansing, MI 48906

1d. Legal Defense Fund Phone: (517) 318-3056

2a. Official's Full Name:

Richard W. Sollars, Jr.

2b. Official's Office: Mayor

3a. Treasurer's Full Name:

Richard W. Sollars, Jr.

3b. Treasurer's Residential Address:

22190 Hunter Circle North
Taylor, MI 48180

3c. Treasurer's Business Address:

23555 Goddard Road
Taylor, MI 48180

3d. Treasurer's Phone Number(s): (734) 558-7719

4a. Quarterly Transaction Report Covering:

☒ January 1 – March 31; Due: April 25th

☐ April 1 – June 30; Due: July 25th

☐ July 1 – September 30; Due: October 25th

☐ October 1 – December 31; Due: January 25th

4b. ☐ Amendment to Transaction Report: also mark
(4a) to indicate which Report is being amended)

5. ☐ Dissolution of Legal Defense Fund:

Effective Date of Dissolution

____/____/____

By checking this item, I/We certify that the Legal Defense Fund has no assets or
outstanding debts, including late filing fees. Note: The disposition of residual
funds must be reported on Itemized Expenditure Schedule 2 and the Summary
Page.

6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to
the best of my/our knowledge and belief the contents are true, accurate and complete.

Official's Signature and Date: _____

4 / 23 / 2021

Treasurer's/Designated Record Keeper's Signature and Date: _____

4 / 23 / 2021



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>5,000.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>5,000.00</u>	3b. \$ <u>5,000.00</u>
4. Itemized Expenditures	4a. \$ <u>5,000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>10,000.00</u>	6b. \$ <u>10,000.00</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>4,313.97</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>5,000.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>9,313.97</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>5,000.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>4,313.97</u> *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

Richard Sollars Legal Defense Fund - 0009

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Richard Sollars - loan 22190 Hunter Circle North Taylor, MI 48180 3. Date of Receipt: 03/15/2021 4. If over \$100.00 cumulative, please provide: Occupation: Mayor Employer: City of Taylor Place of Business: 23555 Goddard Road, Taylor, MI 48180	\$ 5,000.00	\$	\$ 5,000.00
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
Page Subtotal:	\$ 5,000.00	\$	\$ 5,000.00
Grand Total: (Complete on last page of Schedule)	\$ 5,000.00	\$	\$ 5,000.00
Page 1 of 1	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Richard Sollars Legal Defense Fund - 0009	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
John A. Shea 120 N. 4th Avenue Ann Arbor, MI 48104	Legal Fees	<u>03/15/2021</u>	\$ <u>5,000.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ <u>5,000.00</u>
Grand Total (Complete on last page of Schedule)			\$ <u>5,000.00</u>
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
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Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

1a. Legal Defense Fund I.D. Number: 009
1b. Legal Defense Fund Name:
Richard Sollars Legal Defense Fund
1c. Legal Defense Fund Address:
**Clark Hill PLC/Sara Hernly
212 East Cesar E. Chavez Avenue
Lansing, MI 48906**
1d. Legal Defense Fund Phone: 517.318.3056

2a. Official's Full Name:
Richard W. Sollars, Jr.
2b. Official's Office: **Mayor**

3a. Treasurer's Full Name:
Richard W. Sollars, Jr.
3b. Treasurer's Residential Address:
**22190 Hunter Circle North
Taylor, MI 48180**

3c. Treasurer's Business Address:
**23555 Goddard Road
Taylor, MI 48180**

3d. Treasurer's Phone Number(s): 734.558.7719

4a. Quarterly Transaction Report Covering:
☐ January 1 – March 31; Due: April 25th
☐ April 1 – June 30; Due: July 25th
☐ July 1 – September 30; Due: October 25th
☒ October 1 – December 31; Due: January 25th
4b. ☐ Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended

5. ☐ Dissolution of Legal Defense Fund:

Effective Date of Dissolution

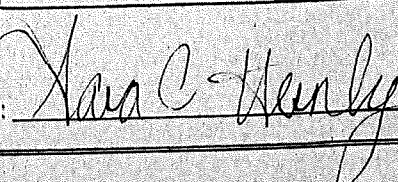
 / /

By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.

6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Official's Signature and Date: 

1, 25, 2021

Treasurer's/Designated Record Keeper's Signature and Date: 

1, 25, 2021



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

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Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 0.00	1b. \$ 37,000.00
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 0.00	3b. \$ 37,000.00
4. Itemized Expenditures	4a. \$ 1,000.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 1,000.00	6b. \$ 25,686.03
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 5,313.97	
8. Amount received during reporting period (Item 1a.)	8. \$ 0.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 5,313.97	
10. Amount expended during reporting period (Item 6a.)	10. \$ 1,000.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 4,313.97 *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

Richard Sollars Legal Defense Fund - 009

Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:	3. Date of Receipt:	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Business:				
2. Name and Address:	3. Date of Receipt:	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Business:				
2. Name and Address:	3. Date of Receipt:	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Business:				
2. Name and Address:	3. Date of Receipt:	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Business:				
2. Name and Address:	3. Date of Receipt:	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Business:				
Page Subtotal:		\$ 0.00	\$ 0.00	\$ 0.00
Grand Total:		\$ 0.00	\$ 0.00	\$ 0.00
(Complete on last page of Schedule)		Forward to #1 Summary Page	Forward to #2 Summary Page	
Page 1 of 1				



1. Legal Defense Fund I.D. Number and Name:
Richard Sollars Legal Defense Fund - 009

LEGAL DEFENSE FUND			
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Richard Sollars 22190 Hunter Circle North Taylor, MI 48180	Repayment of loan	10/14/2020	\$ 1,000.00
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 1,000.00
Grand Total (Complete on last page of Schedule)			\$ 1,000.00
Page 1 of 1			Forward to #3 Summary Page

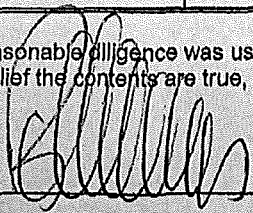
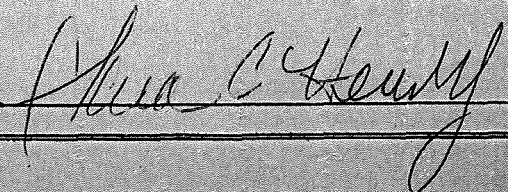


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

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signed by the Treasurer/Designated Record Keeper
and Official.

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<p>1a. Legal Defense Fund I.D. Number: <u>009</u></p> <p>1b. Legal Defense Fund Name: Richard Sollars Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: Clark Hill PLC/Sara Hernly 212 East Cesar E. Chavez Avenue Lansing, MI 48906</p> <p>1d. Legal Defense Fund Phone: <u>(517) 318-3056</u></p>	<p>2a. Official's Full Name: Richard W. Sollars, Jr.</p> <p>2b. Official's Office: Mayor</p>
<p>3a. Treasurer's Full Name: Richard W. Sollars, Jr.</p> <p>3b. Treasurer's Residential Address: 22190 Hunter Circle North Taylor, MI 48180</p>	<p>3c. Treasurer's Business Address: 23555 Goddard Road Taylor, MI 48180</p> <p>3d. Treasurer's Phone Number(s): <u>(734) 558-7719</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <u> / / </u></p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>10/22/2020</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>10/22/2020</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>30,000.00</u>	1b. \$ <u>37,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>30,000.00</u>	3b. \$ <u>37,000.00</u>
4. Itemized Expenditures	4a. \$ <u>24,686.03</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>24,686.03</u>	6b. \$ <u>24,686.03</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>30,000.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>30,000.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>24,686.03</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>5,313.97</u> *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Richard Sollars Legal Defense Fund - 0009		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Sollars Leadership PAC 212 East Cesar E Chavez Avenue Lansing, MI 48906 3. Date of Receipt: 08/27/2020		\$ 30,000.00	\$	\$ 30,000.00
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
Page Subtotal:		\$ 30,000.00	\$ 0.00	\$ 30,000.00
Grand Total: (Complete on last page of Schedule)		\$ 30,000.00	\$	\$ 30,000.00
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Richard Sollars Legal Defense Fund - 0009	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226	Legal fees	09/01/2020	\$ 3,686.03
John A. Shea 120 N. 4th Avenue Ann Arbor, MI 48104	Legal fees	09/01/2020	\$ 5,000.00
Richard Sollars 22190 Hunter Circle North Taylor, MI 48180	Repayment of loan	09/01/2020	\$ 20,000.00
Richard Sollars 22190 Hunter Circle North Taylor, MI 48180	Repayment of loan	10/14/2020	\$ 1,000.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Subtotal			\$ 29,686.03
Grand Total (Complete on last page of Schedule)			\$ 29,686.03
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

FOR OFFICIAL USE ONLY

2020 APR 28 AM 7:55

1a. Legal Defense Fund I.D. Number: 0009

1b. Legal Defense Fund Name:

Richard Sollars Legal Defense Fund

1c. Legal Defense Fund Address:

**Clark Hill PLC/Sara Hernly
212 East Cesar E. Chavez Avenue
Lansing, MI 48906**

1d. Legal Defense Fund Phone: (517) 318-3056

2a. Official's Full Name:

Richard W. Sollars, Jr.

2b. Official's Office: **Mayor**

3a. Treasurer's Full Name:

Richard W. Sollars, Jr.

3b. Treasurer's Residential Address:

**22190 Hunter Circle North
Taylor, MI 48180**

3c. Treasurer's Business Address:

**23555 Goddard Road
Taylor, MI 48180**

3d. Treasurer's Phone Number(s): (734) 558-7719

4a. Quarterly Transaction Report Covering:

☒ January 1 – March 31; Due: April 25th

☐ April 1 – June 30; Due: July 25th

☐ July 1 – September 30; Due: October 25th

☐ October 1 – December 31; Due: January 25th

4b. ☐ Amendment to Transaction Report: also mark
(4a) to indicate which Report is being amended)

5. ☐ Dissolution of Legal Defense Fund:

Effective Date of Dissolution

____/____/____

By checking this item, I/We certify that the Legal Defense Fund has no assets or
outstanding debts, including late filing fees. Note: The disposition of residual
funds must be reported on Itemized Expenditure Schedule 2 and the Summary
Page.

6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to
the best of my/our knowledge and belief the contents are true, accurate and complete.

Official's Signature and Date:

4/27/2020

4/27/2020

Treasurer's/Designated Record Keeper's Signature and Date:

4/27/2020

4/27/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 7,000.00	1b. \$ 7,000.00
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 7,000.00	3b. \$ 7,000.00
4. Itemized Expenditures	4a. \$ 7,000.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 7,000.00	6b. \$ 7,000.00
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 0.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 7,000.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 7,000.00	
10. Amount expended during reporting period (Item 6a.)	10. \$ 7,000.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 0.00 *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 0009 Richard Sollars Legal Defense Fund		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Koza Brothers Management 30500 Northwestern Hwy Farmington, MI 48334 3. Date of Receipt: <u>01/13/2020</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>2,000.00</u>	\$ <u>0.00</u>	\$ <u>2,000.00</u>
2. Name and Address: Gustaf R. Andreasen 450 W. 4th Street Royal Oak, MI 48067 3. Date of Receipt: <u>02/17/2020</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Howard & Howard</u> Place of Business: <u>Law Firm</u>		\$ <u>5,000.00</u>	\$ <u>0.00</u>	\$ <u>5,000.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>7,000.00</u>	\$ <u>0.00</u>	\$ <u>7,000.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>7,000.00</u>	\$ <u>0.00</u>	\$ <u>7,000.00</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 0009 Richard Sollars Legal Defense Fund	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Flood Law 401 N. Main Street Royal Oak, MI 48067	Legal fees	<u>02/17/2020</u>	\$ <u>7,000.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
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			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ <u>7,000.00</u>
Grand Total (Complete on last page of Schedule)			\$ <u>7,000.00</u>
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page

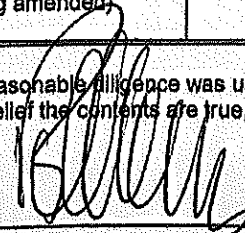



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

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<p>1a. Legal Defense Fund I.D. Number: <u>0009</u></p> <p>1b. Legal Defense Fund Name: Richard Sollars Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: Clark Hill PLC/Sara Hernly 212 East Cesar E. Chavez Avenue Lansing, MI 48906</p> <p>1d. Legal Defense Fund Phone: <u>(517) 318-3056</u></p>	<p>2a. Official's Full Name: Richard W. Sollars, Jr.</p> <p>2b. Official's Office: Mayor</p>
<p>3a. Treasurer's Full Name: Richard W. Sollars, Jr.</p> <p>3b. Treasurer's Residential Address: 22190 Hunter Circle North Taylor, MI 48180</p>	<p>3c. Treasurer's Business Address: 23555 Goddard Road Taylor, MI 48180</p> <p>3d. Treasurer's Phone Number(s): <u>(734) 558-7719</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u> 1/24/2020</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u> 1/24/2020</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 0.00	1b. \$ 50,000.00
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 0.00	3b. \$ 50,000.00
4. Itemized Expenditures	4a. \$ 0.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 0.00	6b. \$ 50,000.00
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 0.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 0.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 0.00	
10. Amount expended during reporting period (Item 6a.)	10. \$ 0.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 0.00 *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

RECEIVED
MICHIGAN
2019 OCT 25 PM 4:56
ELECTIONS BUREAU SEAL

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>0009</u></p> <p>1b. Legal Defense Fund Name: Richard Sollars Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: Clark Hill PLC/Sara Hernly 212 East Cesar E. Chavez Avenue Lansing, MI 48906</p> <p>1d. Legal Defense Fund Phone: <u>(517) 318-3056</u></p>	<p>2a. Official's Full Name: Richard W. Sollars, Jr.</p> <p>2b. Official's Office: <u>Mayor</u></p>
<p>3a. Treasurer's Full Name: Richard W. Sollars, Jr.</p> <p>3b. Treasurer's Residential Address: 22190 Hunter Circle North Taylor, MI 48180</p>	<p>3c. Treasurer's Business Address: 23555 Goddard Road Taylor, MI 48180</p> <p>3d. Treasurer's Phone Number(s): <u>(734) 558-7719</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
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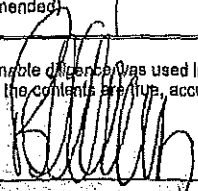



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: <u>0009</u>		2a. Official's Full Name: Richard W. Sollars, Jr.	
1b. Legal Defense Fund Name: Richard Sollars Legal Defense Fund		2b. Official's Office: Mayor	
1c. Legal Defense Fund Address: Clark Hill PLC/Sara Hernly 212 East Cesar E. Chavez Avenue Lansing, MI 48906			
1d. Legal Defense Fund Phone: <u>(517) 318-3056</u>			
3a. Treasurer's Full Name: Richard W. Sollars, Jr.		3c. Treasurer's Business Address: 23555 Goddard Road Taylor, MI 48180	
3b. Treasurer's Residential Address: 22190 Hunter Circle North Taylor, MI 48180		3d. Treasurer's Phone Number(s): <u>(734) 558-7718</u>	
4a. Quarterly Transaction Report Covering: <input type="checkbox"/> January 1 – March 31; Due: April 25th <input type="checkbox"/> April 1 – June 30; Due: July 25 th <input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th <input type="checkbox"/> October 1 – December 31; Due: January 25th		5. <input type="checkbox"/> Dissolution of Legal Defense Fund: Effective Date of Dissolution ____/____/____ By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.	
4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended.			
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Official's Signature and Date: 		<u>10/25/19</u>	
Treasurer's/Designated Record Keeper's Signature and Date: 		<u>10/25/19</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>0.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u> </u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>0.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>0.00</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>0.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

0009

Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:	3. Date of Receipt: _____	\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address:	3. Date of Receipt: _____	\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address:	3. Date of Receipt: _____	\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address:	3. Date of Receipt: _____	\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address:	3. Date of Receipt: _____	\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
Page Subtotal:		\$ 0.00	\$ _____	\$ 0.00
Grand Total: (Complete on last page of Schedule)		\$ 0.00	\$ _____	\$ 0.00
Page <u>1</u> of <u>2</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	

[illegible]



STATE OF MICHIGAN
BUREAU OF ELECTIONS
LANSING

July 19, 2019

Richard W. Sollars, Jr. Treasurer
Clark Hill PLC/ Sara Hernly
212 East Cesar E. Chavez Avenue
Lansing, MI 48906

RE: Richard Sollars Legal Defense Fund; **ID# 0009**

**LEGAL DEFENSE FUND ACT
REGISTRATION IDENTIFICATION NUMBER ASSIGNMENT**

This acknowledges receipt of an original Statement of Organization form filed under the Legal Defense Fund Act (LDFA). The identification number appearing above in bold has been assigned to the fund appearing on the enclosed date stamped copy of the original Statement of Organization. Please enter the Identification Number on all filings and correspondence with this office.

Publications On The Internet: The Michigan Department of State's Bureau of Elections has conveniently located all of the Legal Defense Fund Act disclosure forms and publications on the Internet. The disclosure forms and publications are easy to access, print and download. To locate our Legal Defense Fund (LDF) home page:

1. Go to: www.Michigan.gov/elections
2. Click on "Legal Defense Funds"

Campaign Statements: Detailed campaign statements must be filed by all registrants. The filing must be made even if there are no receipts or expenditures to report. Four (4) separate filings must be made each year according to the following schedule:

January 1 – March 31; Due: April 25th
April 1 – June 30; Due: July 25th
July 1 – September 30; Due: October 25th
October 1 – December 31; Due: January 25th

Questions? Please do not hesitate to contact Evelyn Quiroga of this office if you have any questions.

Bureau of Elections
Richard H. Austin Building– 1st Floor
P.O. Box 20126
Lansing, Michigan 48901-0726
Email: disclosure@michigan.gov



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 009

2. Type of Filing: ☒ Original Filing ☐ Amendment: Items: _____ Eff. Date: _____

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")

Richard Sollars Legal Defense Fund

4. Public Official Full Name (Last, First, M.I.):

Richard W. Sollars, Jr.

5a. Office (Check one):

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Governor | <input type="checkbox"/> State Senator | <input type="checkbox"/> MSU Trustee | <input type="checkbox"/> Circuit Court | <input checked="" type="checkbox"/> Local or Other please specify:
Mayor _____ |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Rep. | <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> District Court | |
| <input type="checkbox"/> Sec. of State | <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Probate Court | |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> Appeals Court | <input type="checkbox"/> Municipal Court | |

5b. District/Circuit # or Jurisdiction: City of Taylor

6. A description of the criminal, civil or administrative action at issue:

The ongoing investigation conducted by the Federal Bureau of Investigation's Detroit Area Public Corruption Task Force including but not limited to the seizure of campaign finance, governmental, and related records belonging and/or pertaining to Mayor Richard Sollars and/or his authorized representatives and agents.

7. Date of Initial Contribution/Expenditure: 3 / 27 / 19

8a. Complete Mailing Address (May be PO Box):

Clark Hill PLC / Sara Hernly / 212 East Cesar
E. Chavez Ave., Lansing, MI 48906

8b. Complete Street Address (May not be PO Box):

212 East Cesar E. Chavez Ave., Lansing, MI
48906

8c. Legal Defense Fund Phone #: (517) 318-3056

8d. Legal Defense Fund Fax #: (517) 318-3099

8e. Legal Defense Fund E-mail Address: shernly@clarkhill.com

8f. Legal Defense Fund Web Address: N/A

9a. Treasurer Name and Complete Street Address:

Richard W. Sollars, Jr. / 22190 Hunter Circle North, Taylor, MI 48180

9b. Treasurer Phone #: (734) 558-7719

9c. Treasurer E-mail Address: Asollars2002@yahoo.com

10. Designated Recordkeeper Name:

Sara Hernly / Clark Hill PLC / 212 East Cesar E. Chavez Ave., Lansing, MI 48906 /
shernly@clarkhill.com / (517) 318-3056

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)

Alliance Catholic Credit Union / 9300 Cooper Street, Taylor, MI 48180

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature: _____ Date: 5, 21, 19

Current Treasurer Signature: _____ Date: _____

CLARK HILL

Michael J. Pattwell
Phone: (517) 318-3043
Fax: (517) 318-3082
Email: Mpattwell@clarkhill.com

Clark Hill PLC
212 East Cesar E. Chavez Avenue
Lansing, MI 48906
T 517.318.3100
F 517.318.3099

Clarkhill.com

May 21, 2019

VIA 1ST CLASS MAIL

VIA CERTIFIED MAIL-RETURN RECEIPT
REQUESTED

✓ Michigan Department of State
Bureau of Elections
Post Office Box 20126
Lansing, MI 48901

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, MI 48933

Re: Statement of Organization / Richard Sollars Legal Defense Fund

Dear Bureau of Elections:

Enclosed please find two copies of the Statement of Organization for the Richard Sollars Legal Defense Fund along with a check made payable to the State of Michigan in the amount of \$300 (check enclosed with certified mailing). The Statement of Organization lists the initial contribution/expenditure date of 3/27/19 which consisted of a single loan from the personal funds of the elected official for the deposit of a refundable retainer with legal counsel. No other contributions/expenditures have been made. If said retainer from the elected official's personal funds does not constitute a contribution/expenditure under the Legal Defense Fund Act, please kindly return or cancel the \$300 check. Should any further information or clarification be needed, please contact me at the number listed above or contact the designated record keeper, Sara Hernly, at (517) 318-3056. Thank you in advance for your time and attention to this matter.

Respectfully submitted,

CLARK HILL



Michael J. Pattwell

MJP/lkp
Enclosure

cc: Sara Hernly (Via Email Only: Shernly@clarkhill.com)
Gustaf R. Andreasen, Esq. (Via 1st Class Mail)

CLARK HILL PLC

309773

DATE	INVOICE #	DESCRIPTION	CLIENT #	MATTER #	G/L #	AMOUNT
5/23/2019	MJP	Filing Fee-35 Statement of Organization State of Michigan Sollars, Jr./Campaign Finance	65751	385606		300.00

CLARK HILL PLC
OFFICE OPERATING ACCOUNT
212 E. Cesar Chavez Avenue
Lansing, MI 48906

Check No 309773

6-7041
2410

Citizens Bank

5/23/2019

AMOUNT

PAY Three Hundred and 00/100-----Dollars

\$300.00

To the
order of State of Michigan

CLARK HILL PLC

TWO SIGNATURES REQUIRED OVER \$10,000

BY 
An Authorized Representative of the Firm

CITIZENS BANK

VOID AFTER 90 DAYS

BY _____
An Authorized Representative of the Firm

Security features. Details on back.



MP

MP



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>0009</u></p> <p>1b. Legal Defense Fund Name: Richard Sollars Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: Clark Hill PLC/Sara Hernly 212 East Cesar E. Chavez Avenue</p> <p>1d. Legal Defense Fund Phone: <u>(517) 318-3056</u></p>	<p>2a. Official's Full Name: Richard W. Sollars, Jr.</p> <p>2b. Official's Office: Mayor</p>
<p>3a. Treasurer's Full Name: Richard W. Sollars, Jr.</p> <p>3b. Treasurer's Residential Address: 22190 Hunter Circle North Taylor, MI 48180</p>	<p>3c. Treasurer's Business Address: 23555 Goddard Road Taylor, MI 48180</p> <p>3d. Treasurer's Phone Number(s): <u>(734) 558-7719</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: _____ <u>7.25.19</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____ <u>7.25.19</u></p>	

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2019 JUL 25 PM 12:10
ELECTIONS/GREAT SEAL



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 50,000.00	1b. \$ 50,000.00
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$ 50,000.00	3b. \$ 50,000.00
4. Itemized Expenditures	4a. \$ 50,000.00	
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BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 0.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 50,000.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 50,000.00	
10. Amount expended during reporting period (Item 6a.)	10. \$ 50,000.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 0.00 *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 0009		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Richard W. Sollars, Jr. 22190 Hunter Circle North Taylor, MI 48180 3. Date of Receipt: 03/29/2019		\$ 50,000.00	\$	\$ 50,000.00
4. If over \$100.00 cumulative, please provide: Occupation: Mayor Employer: City of Taylor Place of Business: loan to committee				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: 3. Date of Receipt:		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
Page Subtotal:		\$ 50,000.00	\$	\$ 50,000.00
Grand Total: (Complete on last page of Schedule)		\$ 50,000.00	\$	\$ 50,000.00
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 0009	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Flood Law 401 N. Main Street Royal Oak, MI 48067	Legal retainer	<u>03/29/2019</u>	\$ <u>50,000.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ <u>50,000.00</u>
Grand Total (Complete on last page of Schedule)			\$ <u>50,000.00</u>
Page 1 of 1			Forward to #3 Summary Page



STATE OF MICHIGAN
BUREAU OF ELECTIONS
LANSING

July 19, 2019

Richard W. Sollars, Jr. Treasurer
Clark Hill PLC/ Sara Hernly
212 East Cesar E. Chavez Avenue
Lansing, MI 48906

RE: Richard Sollars Legal Defense Fund; ID# 0009

**LEGAL DEFENSE FUND ACT
REGISTRATION IDENTIFICATION NUMBER ASSIGNMENT**

This acknowledges receipt of an original Statement of Organization form filed under the Legal Defense Fund Act (LDFA). The identification number appearing above in bold has been assigned to the fund appearing on the enclosed date stamped copy of the original Statement of Organization. Please enter the Identification Number on all filings and correspondence with this office.

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1. Go to: www.Michigan.gov/elections
2. Click on "Legal Defense Funds"

Campaign Statements: Detailed campaign statements must be filed by all registrants. The filing must be made even if there are no receipts or expenditures to report. Four (4) separate filings must be made each year according to the following schedule:

January 1 – March 31; Due: April 25th
April 1 – June 30; Due: July 25th
July 1 – September 30; Due: October 25th
October 1 – December 31; Due: January 25th

Questions? Please do not hesitate to contact Evelyn Quiroga of this office if you have any questions.

Bureau of Elections
Richard H. Austin Building– 1st Floor
P.O. Box 20126
Lansing, Michigan 48901-0726
Email: disclosure@michigan.gov



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: <u>009</u>																		
2. Type of Filing: <input checked="" type="checkbox"/> Original Filing <input type="checkbox"/> Amendment: Items: _____ Eff. Date: _____																		
3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund") Richard Sollars Legal Defense Fund																		
4. Public Official Full Name (Last, First, M.I.): Richard W. Sollars, Jr.																		
5a. Office (Check one): <table border="0"><tr><td><input type="checkbox"/> Governor</td><td><input type="checkbox"/> State Senator</td><td><input type="checkbox"/> MSU Trustee</td><td><input type="checkbox"/> Circuit Court</td><td rowspan="5"><input checked="" type="checkbox"/> Local or Other please specify: Mayor _____</td></tr><tr><td><input type="checkbox"/> Lt. Governor</td><td><input type="checkbox"/> State Rep.</td><td><input type="checkbox"/> WSU Gov.</td><td><input type="checkbox"/> District Court</td></tr><tr><td><input type="checkbox"/> Sec. of State</td><td><input type="checkbox"/> State Bd. of Ed.</td><td><input type="checkbox"/> Supreme Court</td><td><input type="checkbox"/> Probate Court</td></tr><tr><td><input type="checkbox"/> Attorney General</td><td><input type="checkbox"/> UofM Reg.</td><td><input type="checkbox"/> Appeals Court</td><td><input type="checkbox"/> Municipal Court</td></tr></table>		<input type="checkbox"/> Governor	<input type="checkbox"/> State Senator	<input type="checkbox"/> MSU Trustee	<input type="checkbox"/> Circuit Court	<input checked="" type="checkbox"/> Local or Other please specify: Mayor _____	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Rep.	<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> District Court	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Probate Court	<input type="checkbox"/> Attorney General	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> Appeals Court	<input type="checkbox"/> Municipal Court
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<input type="checkbox"/> Attorney General	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> Appeals Court	<input type="checkbox"/> Municipal Court															
5b. District/Circuit # or Jurisdiction: <u>City of Taylor</u>																		
6. A description of the criminal, civil or administrative action at issue: The ongoing investigation conducted by the Federal Bureau of Investigation's Detroit Area Public Corruption Task Force including but not limited to the seizure of campaign finance, governmental, and related records belonging and/or pertaining to Mayor Richard Sollars and/or his authorized representatives and agents.																		
7. Date of Initial Contribution/Expenditure: <u>3 / 27 / 19</u>																		
8a. Complete Mailing Address (May be PO Box): Clark Hill PLC / Sara Hernly / 212 East Cesar E. Chavez Ave., Lansing, MI 48906	8b. Complete Street Address (May not be PO Box): 212 East Cesar E. Chavez Ave., Lansing, MI 48906																	
8c. Legal Defense Fund Phone #: <u>(517) 318-3056</u>																		
8d. Legal Defense Fund Fax #: <u>(517) 318-3099</u>																		
8e. Legal Defense Fund E-mail Address: <u>shernly@clarkhill.com</u>																		
8f. Legal Defense Fund Web Address: <u>N/A</u>																		
9a. Treasurer Name and Complete Street Address: Richard W. Sollars, Jr. / 22190 Hunter Circle North, Taylor, MI 48180																		
9b. Treasurer Phone #: <u>(734) 558-7719</u>																		
9c. Treasurer E-mail Address: <u>Asollars2002@yahoo.com</u>																		
10. Designated Recordkeeper Name: Sara Hernly / Clark Hill PLC / 212 East Cesar E. Chavez Ave., Lansing, MI 48906 / shernly@clarkhill.com / (517) 318-3056																		
11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association) Alliance Catholic Credit Union / 9300 Cooper Street, Taylor, MI 48180																		
12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. Public Official Signature: _____ Date: <u>5 / 21 / 19</u> Current Treasurer Signature: _____ Date: _____																		

CLARK HILL

Michael J. Pattwell
Phone: (517) 318-3043
Fax: (517) 318-3082
Email Mpattwell@clarkhill.com

Clark Hill PLC
212 East Cesar E. Chavez Avenue
Lansing, MI 48906
T 517.318.3100
F 517.318.3099

Clarkhill.com

May 21, 2019

VIA 1ST CLASS MAIL

✓ Michigan Department of State
Bureau of Elections
Post Office Box 20126
Lansing, MI 48901

VIA CERTIFIED MAIL-RETURN RECEIPT
REQUESTED

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, MI 48933

Re: Statement of Organization / Richard Sollars Legal Defense Fund

Dear Bureau of Elections:

Enclosed please find two copies of the Statement of Organization for the Richard Sollars Legal Defense Fund along with a check made payable to the State of Michigan in the amount of \$300 (check enclosed with certified mailing). The Statement of Organization lists the initial contribution/expenditure date of 3/27/19 which consisted of a single loan from the personal funds of the elected official for the deposit of a refundable retainer with legal counsel. No other contributions/expenditures have been made. If said retainer from the elected official's personal funds does not constitute a contribution/expenditure under the Legal Defense Fund Act, please kindly return or cancel the \$300 check. Should any further information or clarification be needed, please contact me at the number listed above or contact the designated record keeper, Sara Hernly, at (517) 318-3056. Thank you in advance for your time and attention to this matter.

Respectfully submitted,

CLARK HILL

Michael J. Pattwell

MJP/lkp
Enclosure

cc: Sara Hernly (Via Email Only: Shernly@clarkhill.com)
Gustaf R. Andreasen, Esq. (Via 1st Class Mail)

CLARK HILL PLC

309773

DATE	INVOICE #	DESCRIPTION	CLIENT #	MATTER #	G/L #	AMOUNT
5/23/2019	MJP	Filing Fee-35 Statement of Organization State of Michigan Sollars, Jr./Campaign Finance	65751	385606		300.00

CLARK HILL PLC
OFFICE OPERATING ACCOUNT
212 E. Cesar Chavez Avenue
Lansing, MI 48906

Check N° 309773

INSURE FOR BUSINESS

6 7041
2410

5/23/2019

Citizens Bank®

AMOUNT

PAY Three Hundred and 00/100-----Dollars **\$300.00**

To the
order of **State of Michigan**

CLARK HILL PLC

TWO SIGNATURES REQUIRED OVER \$10,000

BY *Michelle Bonnet*
An Authorized Representative of the Firm

CITIZENS BANK

VOID AFTER 90 DAYS

BY _____
An Authorized Representative of the Firm

⑈ 309773⑈ ⑆ 24 10 704 1 7⑆ 4504 28 2908⑈

Security features. Details on back.